U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7899	2. Fiscal Year Covered From:
1016	
	1 / 1 / 04 Through: 19 / 31 / 04
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ENRIQUE L FERNANDEZ	Name UNITE HERE LOCAL 19
	Labor Organization File Number 507 -55(
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1415 Koll Circle #105	Street 1415 Koll Circle #105
City SAN JOSE	City SAN JOSE
State C A ZIP Code + 4 95112	State <i>CA</i> ZIP Code + 4 95112
5. Position in labor organization. Business Manoper	
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat     8. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7 L. A
Street	7.b. Amount.
City	
State ZIP Code + 4	
	nature
Signature and verification. The undersigned declares, under penalty of	VIDE documents) has been examined by the cignotons and in to the best of the
Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	Perjury and other applicable penalties of the law, that all of the information

Name of Person Filing	ENRIQUE	L.	FERNANDEZ	File Number U-

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name HERE LOCAL 9 PENSION TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 3 4 20 3  Street  City SEATTLE  State WA ZIP Code + 4 48124-1203	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	TRUSTEE
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursed expenses For meeting attendance
	12.b. Amount. \$357.20
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling ENRIQUE 4. FERA	JAN0Eと File Number U-
B. Held an interest in or derived income or economic benefit with mor substantial part of which consists of buying from, selling or leasing to, of an employer whose employees your labor organization represents (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor	or otherwise dealing with the business or is actively seeking to represent, or ctly or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name JOHN KENHEALY DEL PENSION FUNI	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 711 NORTH COMMON'S DRIVE	C. Employer
City AURORA	
State IL ZIP Code + 4 6050	<u> </u>
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	TRUSTEE
P.O. Box, Bidg., Room No., if any	demonstration of the second se
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursed expenses For meeting altendance
	12.b. Amount. \$\\$4656.96
C. Received from any employer (other than an employer cover or from any labor relations consultant to an employer any payment or	ed under parts A and B above) f money or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	Total Control
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.

Name	of Person	Filina
1401110	ULL CLOUL	I I HIHIU

## ENRIQUE L. FERNANDEZ

File Number U-

B. Held an interest in or derived income or economic benefit w substantial part of which consists of buying from, selling or least of an employer whose employees your labor organization repre (2) any part of which consists of buying from or selling or least dealing with your labor organization or with a trust in which you	sing to, or other esents or is acti no directly or inc	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).		Business deals with:	
Name Hotel Employees, Restourent Employe	es Health	a. Labor Organization	
Trade Name, if any:	i de la constitución de la const	· -	
P.O. Box, Bldg., Room No., if any P.O. Box 34 &	203	b. Trust c. Employer	
Street		t. Limployer	
City SEATLE			
State WA ZIP Code + 4 9	0124-1 <i>2</i> 03		
10. If 9.b. or 9.c. is checked give trust or employer's name.	· · · · · · · · · · · · · · · · · · ·	11.a. Nature of such dealing.	
Name			
Trade Name, if any:		TRUSTEE	
P.O. Box, Bldg., Room No., if any	1		
Street		11.b. Approximate dollar value of such de	and a second
City	:	12.a. Nature of interest held or income	The second secon
State ZIP Code + 4		- Committee of the Comm	in English Balancian a community of the
		Reimbursed ex For meeting of	endereq
		12.b. Amount.	\$ 471.00
C. Received from any employer (other than an employer or from any labor relations consultant to an employer any payr	covered unde	r parts A and B above) or other thing of value.	
<ol> <li>Name and address of Employer or Labor Relations Consult (including trade name, if any).</li> </ol>	ant	14.a. Nature of payment.	
Name	. 100 000 000		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			i .
Street;			:
City			
State ZIP Code + 4			
		14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant	?	, , ,	I and the second

Name of Person Filing	ENRIQUE	L. FERNANDEZ
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File Number U-

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Katel Employees, Restaurant Employees, Health Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 34203  Street  City SEATLE  State WA ZIP Code +4 98124-1203	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	TMSTEE
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursed expenses For meeting attendance
	12.b. Amount. \$ 253.14
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing ENRIQUE L. FER	NANDA
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File Number U-

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or included in the pour labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Hotel Employees, Restaurant Employees Health	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 3 4 20 3  Street  City SEATTLE  State WA ZIP Code +4 48124-1403	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	FRUSTEE
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	The state of the s
	Reimbursed expenses For meeting attendance
	12.b. Amount. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

			1			
Name of Person Filing	ENRIQUE	۷.	FERA	JANDEZ	File Number U-	
B. Held an interest in or de substantial part of which co of an employer whose em (2) any part of which consi dealing with your labor org	onsists of buying from, sell ployees your labor organiz ists of buying from or sellin	ling or leasi ation repres	ng to, or otherv sents or is activ directly or ind	vise dealing with the b rely seeking to repress irectly to, or otherwise	ousiness ent, or	
8. Name and address of Bu Name Notel Emplo; Trade Name, if any: P.O. Box, Bldg., Room No Street City SEATLE State WA	rees, Testament  ifany P.O. Bo	Emplej. * 34	203	9. Business deals wi a. Labor O b. Trust c. Employe	rganization	
10. If 9.b. or 9.c. is checked	d give trust or employer's n	ıame.		11.a. Nature of sucl	h dealing.	-
Name Trade Name, if any:	, if any			120	STEE	
Street	To the second se	e a constituent		11.b. Approximate dol	lar value of such dealing.	to the state of th
City	· · · · · · · · · · · · · · · · · · ·	The state of the s		12.a. Nature of interes	est held or income received	1.
State	ZIP Cod	le + 4		Reimbu For me	rsed expense eting offend	s Ionee
				12.b. Amount.	***************************************	4711.18
C. Received from any e or from any labor relations	mployer (other than an consultant to an employe	employer o	covered under	parts A and B abov or other thing of value	e)	
13.a. Name and address of (including trade name, i	Employer or Labor Relatior fany).	ns Consultai	nt	14.a. Nature of paym	ent.	
Name		· · · · · · · · · · · · · · · · · · ·				
Trade Name, if any:			Affilian III			
P.O. Box, Bldg., Room No.	, if any					
Street	Constitute of the Constitution of the Constitu					

14.b. Amount of payment.

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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State